

STATE FILE NUMBER

**Health,
Welfare
Public
Service**

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Registration District No. 53		Primary Registration District No. 3010		Registrar's No. 497	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Length of stay in lb hours 15		d. STREET (If outside, give location) ADDRESS 1725 Anna Street	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HENRY M. LEWIS		4. DATE OF DEATH Month Day Year October 31, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH November 19, 1882		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 11 Days 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, ret.		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Cape Girardeau County, Mo. U. S.	
13. FATHER'S NAME James Lewis		14. MOTHER'S MAIDEN NAME Marcina Wills		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-30-0211		17. INFORMANT Address Mrs. Alberta E. Lewis Cape Gir., Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Ventricular Fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200				INTERVAL BETWEEN ONSET AND DEATH Immediate prob. 1 week unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 31, 1957, to Oct. 31, 1957 and last saw him alive on 10/31/57 Death occurred at 9:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Signed on file) Gerald M. Harkworth, M.D.		22b. ADDRESS 247 Spring Cape Girardeau, Mo.		22c. DATE SIGNED Nov 1, 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 3, 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24. FUNERAL DIRECTOR Halther's Funeral Home		ADDRESS Cape Gir.		25. DATE RECD. BY LOCAL REG. Mo. 11-2-1957	
26. REGISTRAR'S SIGNATURE		26. REGISTRAR'S SIGNATURE O. C. Summers			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Virgil W. Kelch*

Licensed Embalmer No. *416*

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.